

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909 Feb.

21

Age

—

—

30

Sex

Male

Color or
Race

White

Birth-
place

Sines "

Occupation

—

Where Residing if not
at place of deathMarried, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

J. A. Alexander

Father's
Birthplace

Pennsylvania

Mother's
Maiden Name

Kellie B. Lewis

Mother's
Birthplace

Maryland

Name of person giving
In formation

J. A. Alexander

How related
to deceased

Father.

CAUSES OF DEATH

93

Primary

Cold.

P

How long

3 Days.

Immediate

Pneumonia

How long

1 "

Are the name, age, sex, color, date
and place correctly given above?

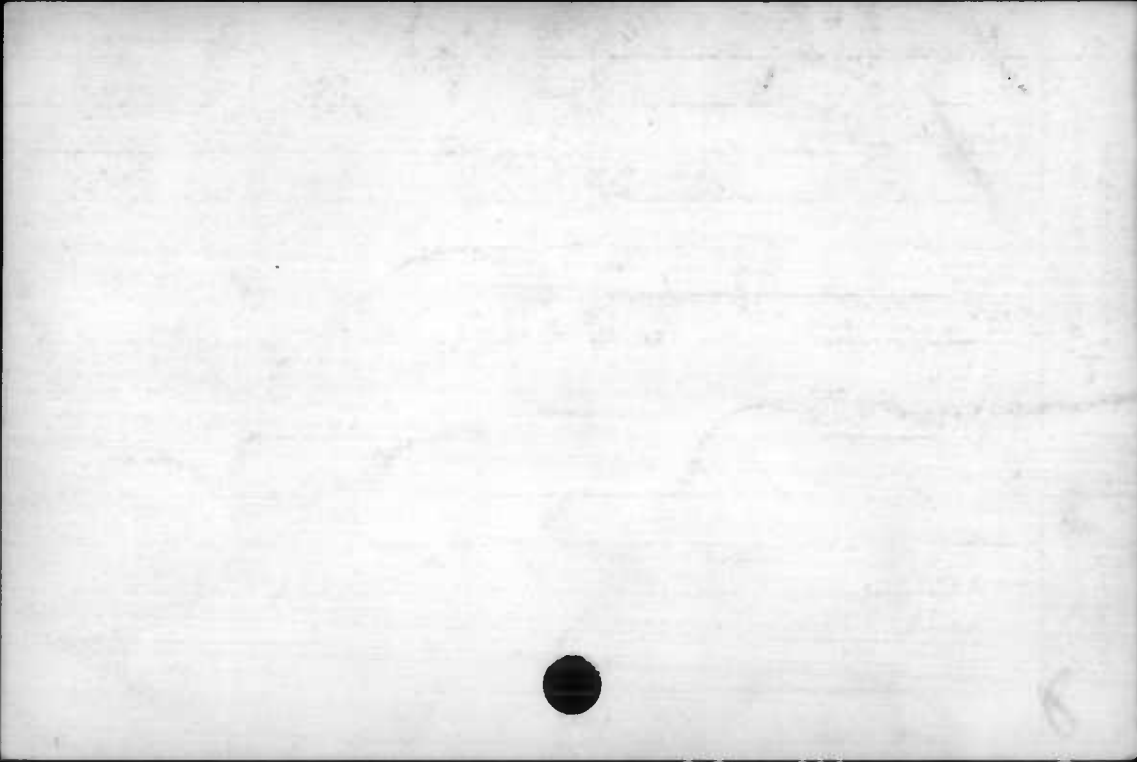
YES.

Signature of
Physician

Address



Accident or Suicide?



Name
in
Full

Francis B. Hordesty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

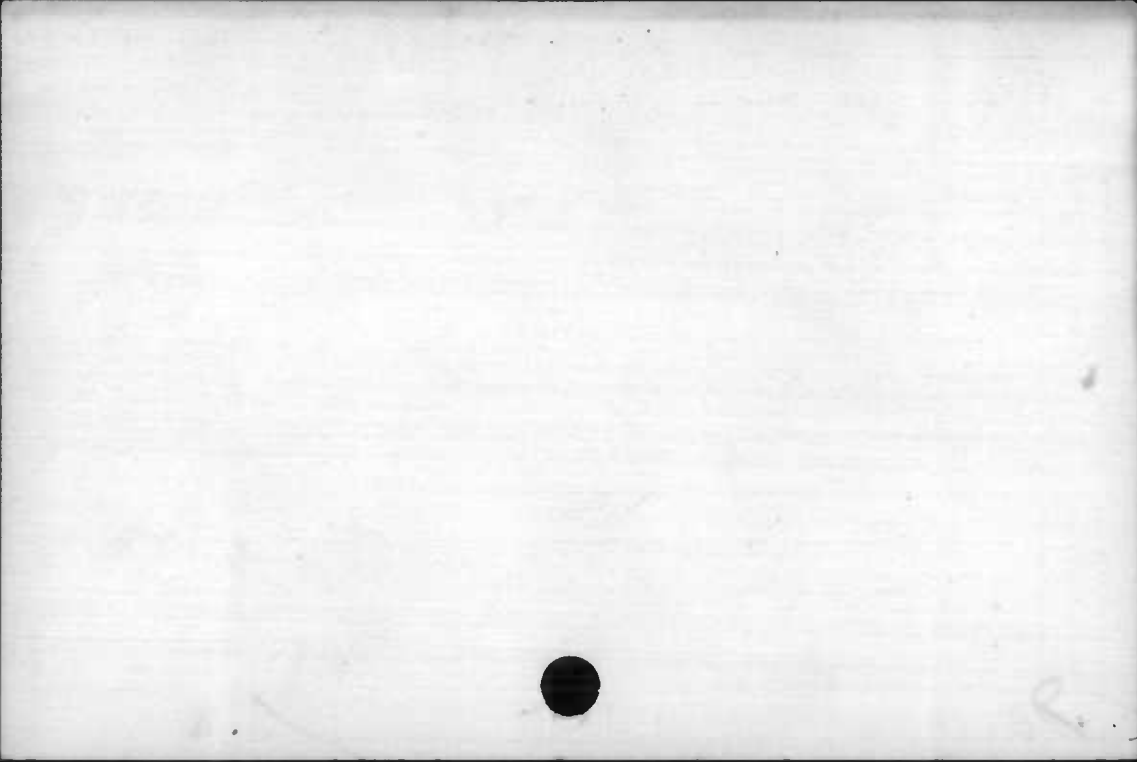
Died at <i>W Lake Park</i>		Town <i>Yerres</i>		County <i>Yerres</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Feb.</i>	Day <i>18</i>	Age <i>2</i>	Years	Months <i>11</i>	Days <i>2</i>
Sex <i>male</i>	Color or Race <i>white</i>			Birth-place <i>Princeton</i>		<i>MD</i>	
Occupation <i>L</i>				Where Residing if not at place of death <i>L</i>			
Married, Single or Widowed <i>L</i>				Name of Wife or Husband <i>L</i>			
Father's Name <i>B. L. Hordesty</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Duson Moorman</i>				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>B. L. Hordesty</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Paralysis</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. C. Hurlbary</i>
	Address <i>Dorcas</i>
	<i>MD</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Burghard Franklin Hardisty

Died at *Lockeyson* Town *Barnett* County *MD* MARYLAND

Date of death *1909* Month *Feb* Day *18* Age *2* Years *11* Months *2* Days

Sex *Male* Color or Race *White* Birth-place *Tenn Tenn*

Occupation *None* Where Residing if not at place of death *None*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Burghard L Hardisty* Father's Birthplace *Betha W Va*

Mother's Maiden Name *Susan Warrman* Mother's Birthplace *W Va*

Name of person giving information *None* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *7* How long *179*

Immediate *7* How long *179*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *[Signature]*

Address *[Redacted]*

Accident or Suicide? *None*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

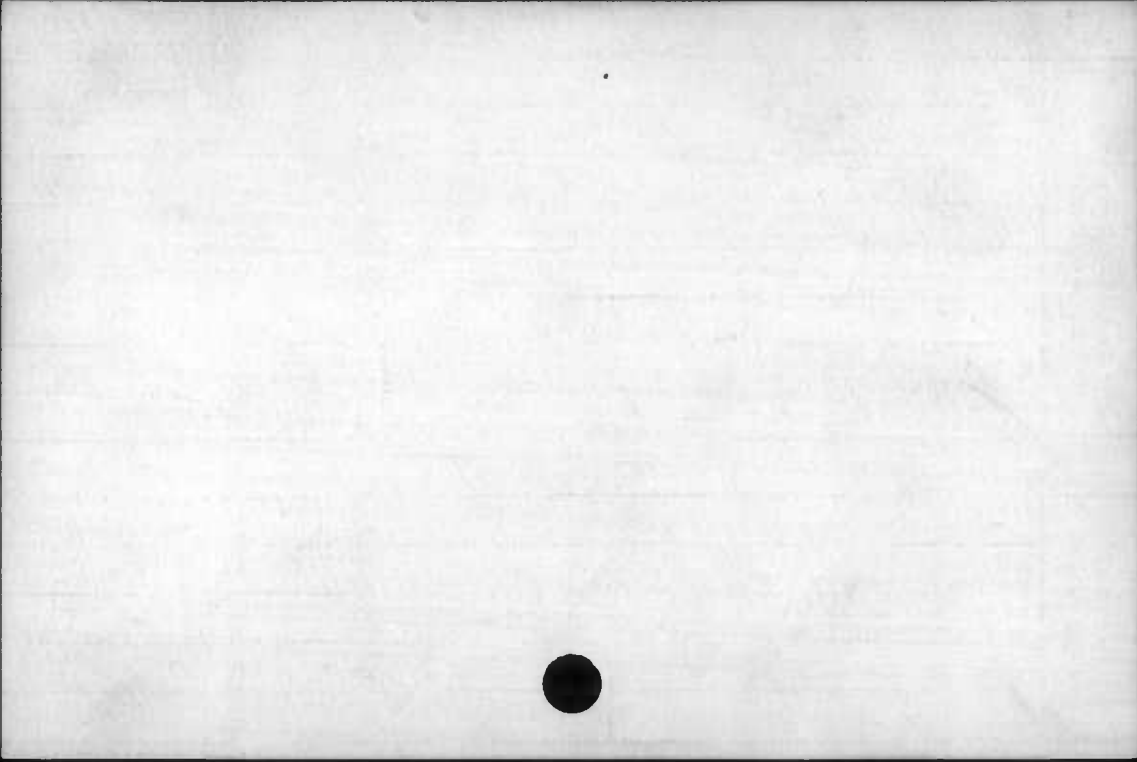
MARYLAND

Died at *Kitzmiller* ^{Town} *Garrett* ^{County}Date of death *1909* ^{Month} *Feb* ^{Day} *15th* ^{Years} *24* ^{Months} ^{Days}Sex *male* Color or Race *White* Birth-place *Garrett Co Md*Occupation *Labor* Where Residing if not at place of deathMarried, Single or Widowed *single* Name of Wife or HusbandFather's Name *John Lee* Father's Birthplace *Garrett Co*Mother's Maiden Name *Sarah C Sharpless* Mother's Birthplace *Garrett Co*Name of person giving information *J. C. Lee* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Typhoid fever* ^{How long} *2 weeks*Immediate *Heart failure* ^{How long} *12 hours*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Hugh Strachan M.D.*Address *Glaine W.D.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

James H. Lowdermilk

Town

County

Died at

Sang Run

Garrett

MARYLAND

Date

of death

1909

Month

Feb

Day

5

Age

Years

57

Months

8

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Sophronia Lowdermilk

Father's
Name

John P. Lowdermilk

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Thearer

Mother's
Birthplace

Md

Name of person giving
In formation

Sophronia Lowdermilk

How related
to deceased

Wife

CAUSES OF DEATH

27

Primary

Carcinoma stomach (J.S.)

How long

Supposed to be consumption, had been away

in hospital, was sent home, could not

How long

Immediate help him. No Physician at home

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Thos H. Friend, Local B. of Health

Address

Friendsville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Song River cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

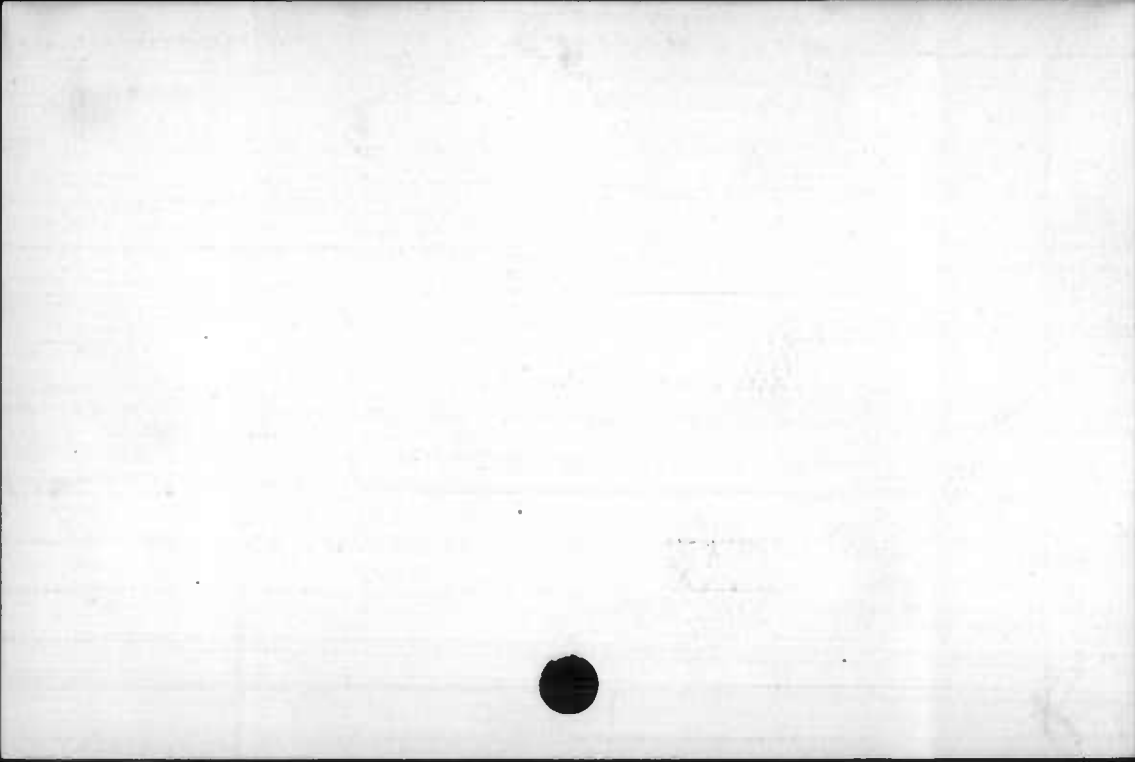
Died at <i>Selbysport</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month	<i>2</i>	Day	<i>16</i>
				Age	<i>29</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Southern-Ct Pa</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Selbysport Ind</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Franklin Soudermilk</i>		
Father's Name	<i>Robert Collier</i>			Father's Birthplace	<i>Penn.</i>
Mother's Maiden Name	<i>Easter</i>			Mother's Birthplace	<i>Penn</i>
Name of person giving information	<i>A. J. Mason</i>			How related to deceased	<i>not</i>

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	<i>Child Birth</i>	How long	<i>4 days</i>
Immediate	<i>Puerperal Peritonitis</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. J. Mason</i>	
<i>Yes</i>		Address <i>Friendsville Ind.</i>	
Accident or Suicide?			



Name
in
Full

Anna Margaret Oester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

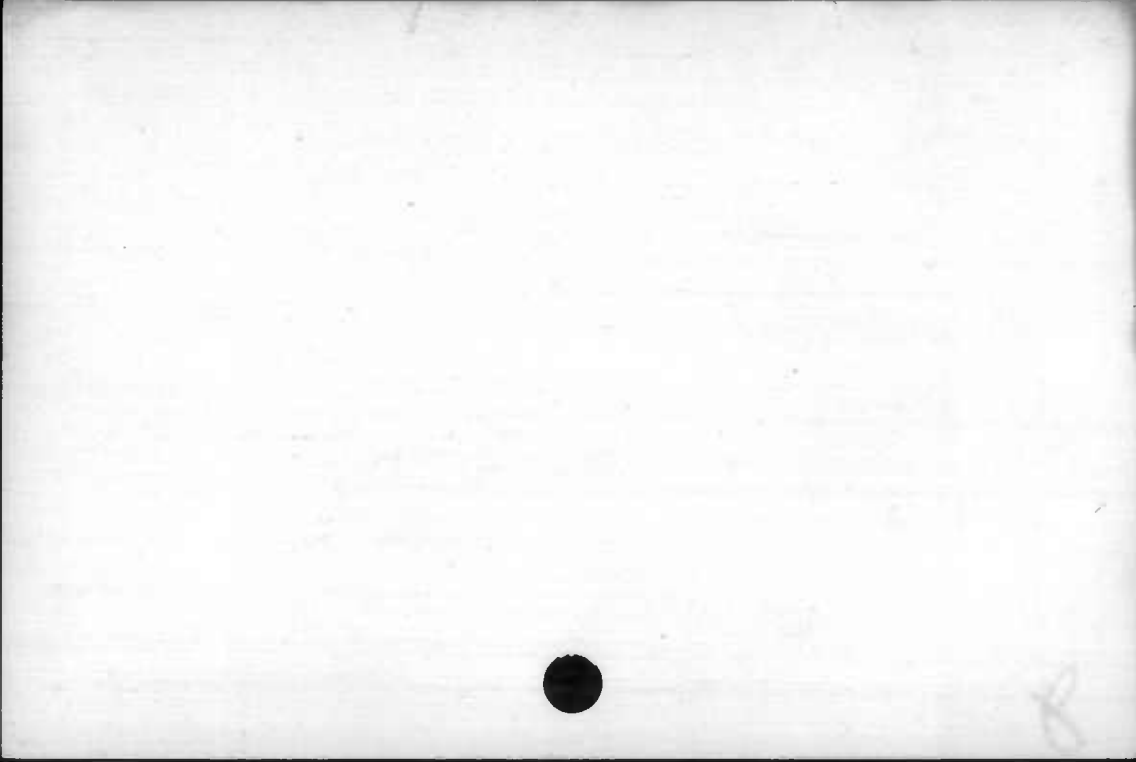
Died at <i>Reister</i>		County <i>Garrett</i>		MARYLAND	
Date of death <i>1909 Feb. 23</i>		Age <i>81</i>		<i>9</i> Months <i>11</i> Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Adam Oester</i>			
Father's Name <i>John Henftling</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Marg. J. O. Ph.</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>John P. Miller</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Peter Nathan</i>
	Address <i>Sub Registrar</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Ellice Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kendal</i> Town		<i>Garrett</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Feb</i>	Day <i>12</i>	Age <i>46</i>	Months <i>7</i> Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jesse S Reed</i>				
Father's Name <i>Samuel Garhart</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Rachel Phillipi</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>Jesse S Reed</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Infarctio</i>	How long <i>2 mo</i>
Immediate <i>Heart failure</i>	How long <i>sudden</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. J. Martin M.D.</i>
	Address <i>Frederick Md</i>
Accident or Suicide?	

Casselman Pa

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

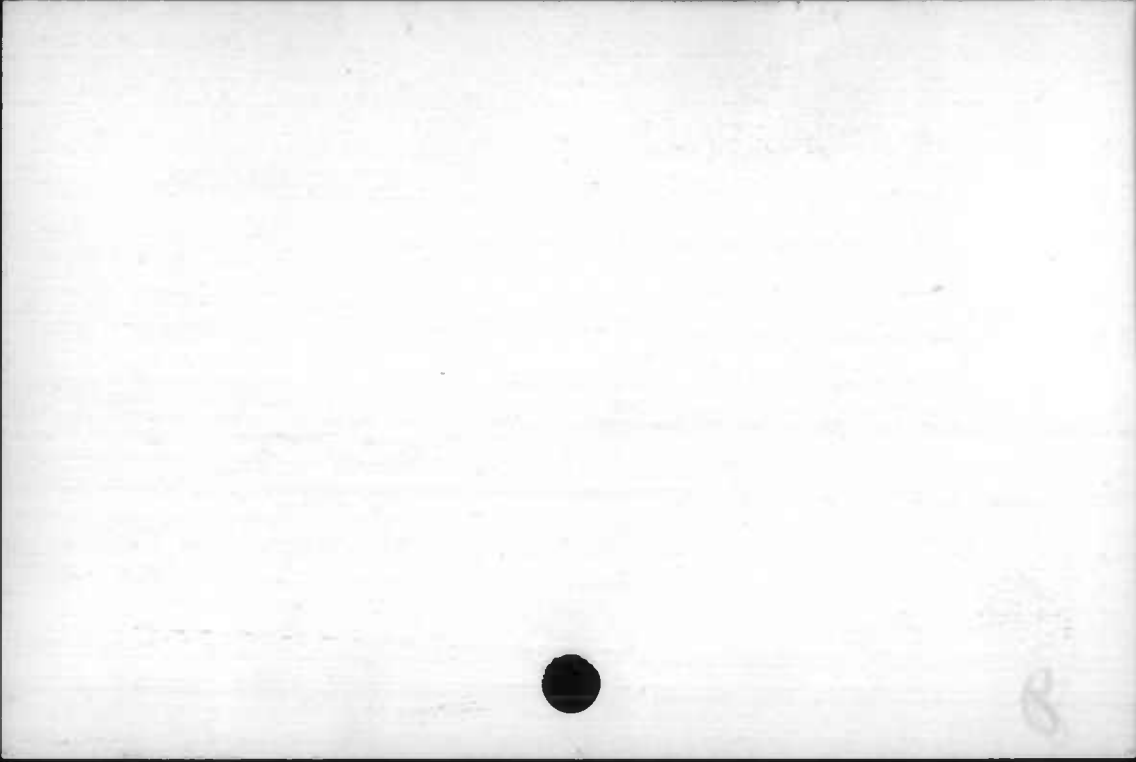
Name in Full <i>Anthony W. Bingle</i>		Town <i>Grantsville</i>		County <i>Garrett</i>		MARYLAND					
Died at		Date of death 1909 <i>Feb.</i>		Day <i>3rd</i>		Age <i>68</i>		Months —		Days <i>13</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Somerset Co. Pa</i>							
Occupation <i>Laborer</i>				Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband — — — — —									
Father's Name <i>William Bingle</i>		Father's Birthplace <i>Somerset Co. Pa.</i>									
Mother's Maiden Name <i>Mary Gingerich</i>		Mother's Birthplace <i>Germany</i>									
Name of person giving information <i>John P. Miller</i>		How related to deceased <i>none</i>									

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Dropsy</i>		How long <i>18 months</i>	
Immediate <i>Paralysis</i>		How long <i>three weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Peter Nathan</i>	
		Address <i>Sub-Registrar</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

Bula Thayer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Oakland ^{Town} Barnett ^{County} MARYLAND

Date of death 1909 ^{Month} Feb ^{Day} 19 ^{Years} 4 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Oakland

Occupation Where Residing if not at place of death

Married, Single or Widowed --- Name of Wife or Husband ---

Father's Name Geo Thayer Father's Birthplace Ind

Mother's Maiden Name Elysa J Smith Mother's Birthplace Ind

Name of person giving information Geo Thayer How related to deceased Father

CAUSES OF DEATH

92

Primary Pneumonia How long 4 weeks

Immediate Sepsis - How long short time

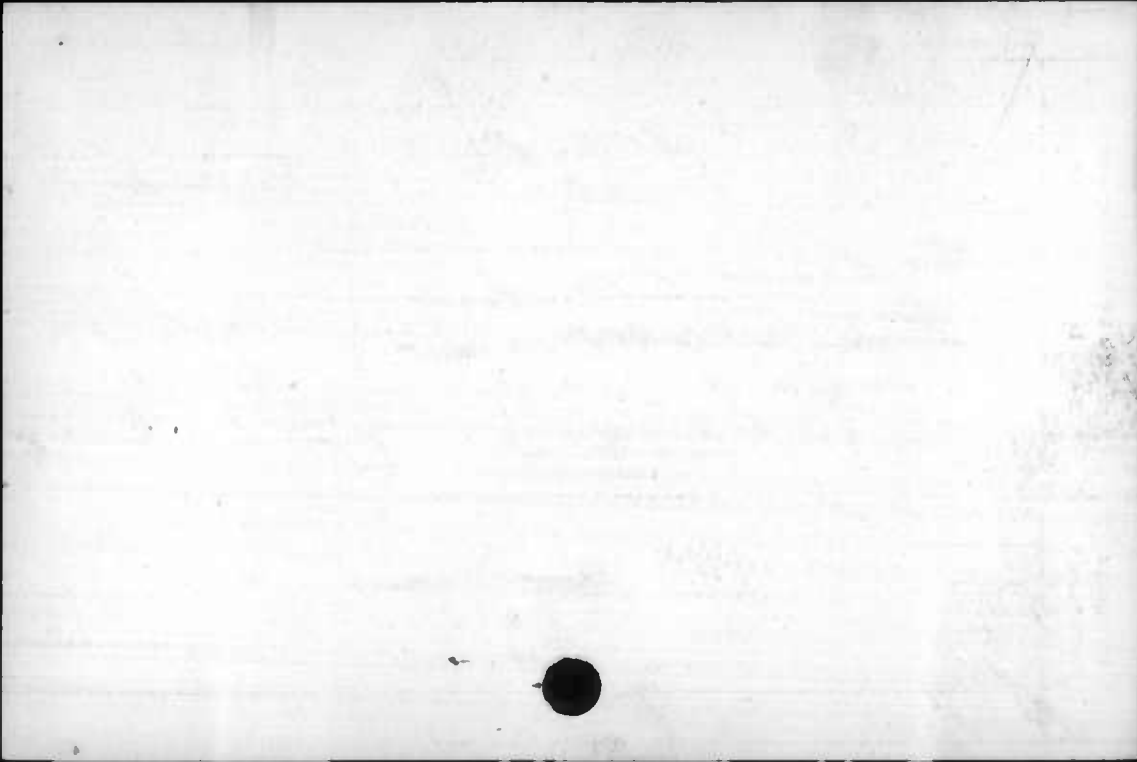
Are the name, age, sex, color, date and place correctly given above?

Signature Physician

Address

J. H. Haggan
Oakland

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lewis Kemmer

MARYLAND

Died at *Bittinger* Town*Garrett* Co CountyDate of death *1909 Feb.* Month*20* DayAge *8* Years*8* Months*Don't know* DaysSex *Male*Color or Race *White*Birth-place *Maryland*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Rufus Kemmer*Father's Birthplace *Pennsylvania*Mother's Maiden Name *Myrtle Bowman*Mother's Birthplace *Pennsylvania*Name of person giving information *Samuel Bowman*How related to deceased *Don't know*

CAUSES OF DEATH

93

Primary

*Cold on chest**How long about 5 days*

Immediate

*Pneumonia**How long 8 days*

Are the name, age, sex, color, date and place correctly given above?

yes

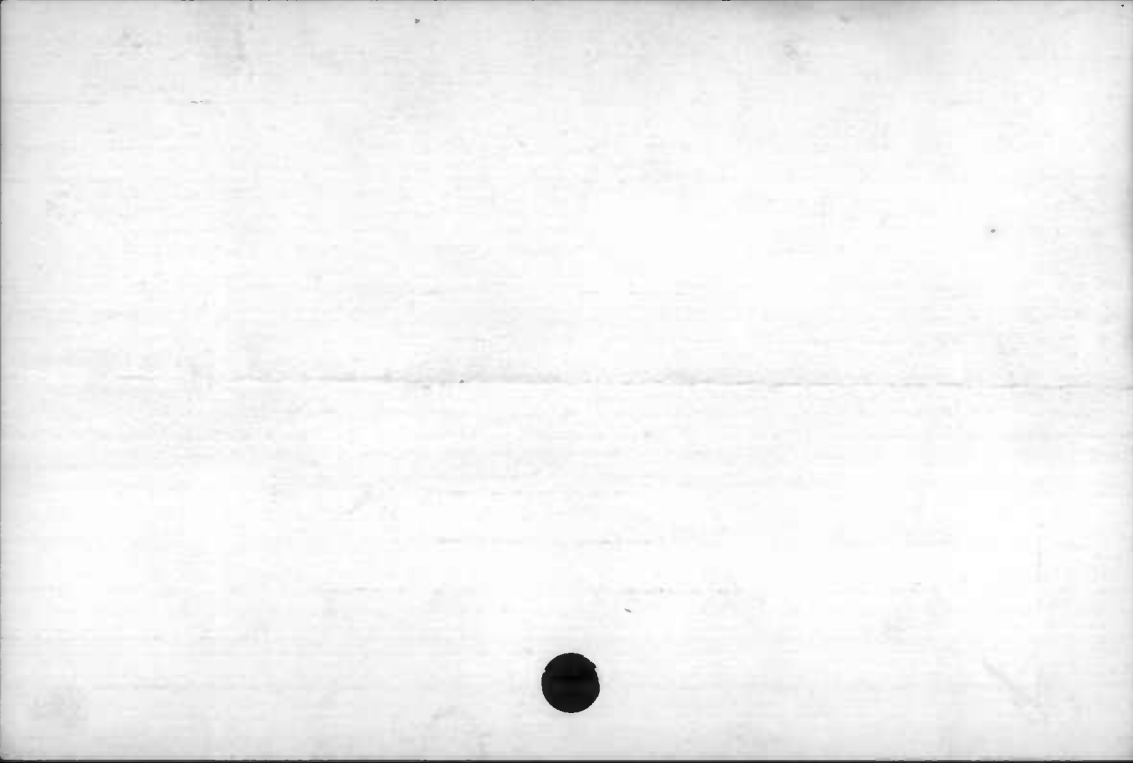
Signature of Physician

B. W. Brissie & Co

Address

*Accident Ind.*PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Steward Nelson Wilt</i>		Town <i>Jennings</i>		County <i>Garrett</i>		MARYLAND	
Died at		Month <i>Feb</i>		Day <i>23</i>		Years <i>6</i>	
Date of death <i>1909</i>		Month <i>Feb</i>		Day <i>23</i>		Years <i>6</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Jennings Md</i>		Months <i>7</i>	
Occupation <i></i>		Where Residing if not at place of death <i></i>		Birth-place <i>Jennings Md</i>		Days <i>7</i>	
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>		Birth-place <i>Frankville Md</i>		Mother's Birthplace <i>Bittinger Md</i>	
Father's Name <i>Nelson Wilt</i>		Mother's Maiden Name <i>Fannie Burkholder</i>		Name of person giving information <i>Nelson Wilt</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Broncho-Pneumonia</i>	How long <i>about 10 days</i>
Immediate <i>Weakness</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>R. C. Barren MD</i>
	Address <i>Frankville Md</i>
Accident or Suicide? <i>No.</i>	

